


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 715896 1. Entity Name GREEN HILLS-FOUNTAIN VOLUNTEER FIRE DEPARTMENT, INCORPORATED	
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Principal Place of Business 17822 CTR DR FOUNTAIN, FL 32468 US	Mailing Address P.O. BOX 37 FOUNTAIN, FL 32438
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07252006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2374896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, DONNA 12017 FOUNTAIN PARK AVE FOUNTAIN, FL 32438	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DONNA 12017 FOUNTAIN PARK AVENUE FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEDGES, GENE P.O. BOX 2-10830 OWENWOOD RD. FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICHOLSON, MELVA LINWOOD RD. FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, SAMANTHA 12017 FOUNTAIN PARK AVE FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Johnson* **Donna Johnson** *treasurer* **7-25216** **850-722-9659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #